NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly						
Full Name JOSEPH A DI	-Winson	Work Address	2 whit Si	t, cmand,	WH. 0331	
Primary Occupation Tambalanter	way e-n	mail *optional)んた	unson Placelow.	, edu W	ork Phone 603-2	28-1541
Name of office, appointment, or employment with government	mpensation Ap	pools board				
A. List below the name, address, and type proprietor, or employee, or served in any calendar year. Sources of retirement benefit	other professional or advi	isory capacity, and fr	om which any inco	me in excess of \$		
_	An annual and a second a second and a second a second and			MATERIA ANT	REC	
1. Franklin Dierc.	· low Center	, Juhits	t, Concad	NH 037	4	
2.		,		1	APR	01 2009
3.					NEW H	AMPSHIRE
If you have no qualifying income indicate b	y writing your initials next t	to the following state	ment. My incom	ne does not qualify		MAIN
B. Indicate below whether you or a family reportable special interest in an item on the discipline a licensee or permittee, or other financial effect on you or a family member	s list if a change in law, a ch decision by government affo	ange in administrative ecting the listed busing	e rule, a decision wh	ether or not to awa	ard a contract, grant a li	cense or permit,
1. Any profession, occupation, or b	usiness licensed or certified	by the State of New I	lampshire. List each	such profession, c	occupation, or category	of business
Attorney member	Netty BAY ASSECTIVE	, Li				
Attorney, member 2. Health Care 3. Insurance	4. Real Estate, including agent, developers	uding brokers, s, and landlords	5. Banking or services	financial	6. State of New Han	
1 11	Current use land	9. Restaurants/	T 10. Sa	ale and distribution	of alcholic	11. Practice of law
12. Any business regulated by the Pu Utilities Commission	blic 13. Horse of gamblin	or dog racing, or oth	er legal forms	14. Education	15. Water Resource	es
16. Agriculture 17. N.H. taxes:	Business Business Business En	usiness Ir terprise Tax D	terest and vidends Tax	18. Optional: Spec	cify any other area in w	nich you have a
I have read RSA 15-A and hereby swear or a RSA 15-A:9 Penalty. Any person who know	affirm that the foregoing inf	formation is true and	-		and belief.	
provisions of this chapter or knowingly file of a misdemeanor.			ZAM!	Irlinen	3/27	109
			Signature of Re	eporting Individual	Date	

Print Form